

**Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions**

A Public Document

| | | | |
|---|--------------------------------|---|---|
| 1. Agency Name Ontario International Airport Authority | | Date Stamp | California Form 802 For Official Use Only |
| Division, Department, or Region (if applicable) | | | |
| Designated Agency Contact (Name, Title) Norma I. Alley, MMC, Board Clerk | | <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year) | |
| Area Code/Phone Number 909-544-5307 | E-mail clerk@flyontario.com | | |

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ 100

Event Description: LA Dodgers vs San Francisco Giants Date(s) 04 / 01 / 24
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: _____
Name of Source

Was ticket distribution made at the behest of agency official? Yes No If yes: Elkadi, Atif
Official's Name (Last, First)

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. Use Section C to identify an outside organization.

| A. Name of Agency, Department or Unit | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|--|-----------------------------|--|
| Executive | 4 | Section 4 (r) |
| B. Name of Individual (Last, First) | | |
| | Number of Ticket(s)/ Passes | Identify one of the following: Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| C. Name of Outside Organization (include address and description) | | |
| | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy |

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Norma I. Alley Norma I. Alley Board Clerk 04/01/2024
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _____

Print **Clear**